

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 32 CFR 3.276(c).

3. Page 17, line 10:  $\mathbb{R}^n$  should be  $\mathbb{R}^m$ .

x. Furniture associated with the Customer Number.

2254

Practitioner's number (if more than ten contact practitioners are to be named, then a district number must be used)

[illegible]

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned prior to the undersigned according to the USPTO assignment records or assignment documents entered in the form in accordance with 37 CFR 3.70(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 2.73(b) to:

The address associated with Customer Number:

23524

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Figure 5

September 2006

September 2007

.....  
 1. *Amphiprion*



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Associate Name and Address

Hismap Pools DE Limited Liability Company  
2711 Centerville Rd  
Wilmington, Delaware 19808

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/5B/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the signatory:

Signatures:

2000

2002

**Abstract**

### Leadership

148

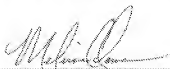
Authorized Person for Mission Point DE Limited Liability Company

[illegible]

If you need assistance in completing the form call 1-800-571-CLASH and select option 2.

DECLARATION REGARDING AUTHORITY TO SIGN  
ON BEHALF OF A LEGAL ENTITY  
37 C.F.R. 3.73(b)(2)(i)

I, Melissa Coleman (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Hismap Point DE Limited Liability Company.



\_\_\_\_\_  
Melissa Coleman

Authorized Person for Hismap Point DE Limited Liability Company

\_\_\_\_\_  
10.21.11  
Date